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## BIB DATA SHEET

CONFIRMATION NO. 3163

<b>SERIAL NUMBER</b> 10/599,017	<b>FILING or 371(c) DATE</b> 06/22/2007 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 1611	<b>ATTORNEY DOCKET NO.</b> 8289.89222		
<b>APPLICANTS</b> Thorkild Andersen, Hadsten, DENMARK; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DK05/00178 03/17/2005 <b>** FOREIGN APPLICATIONS *****</b> DENMARK PA200400432 03/17/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 08/29/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged // <u>                    </u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>                    </u> Initials	<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> FITCH EVEN TABIN & FLANNERY 120 SOUTH LASALLE STREET SUITE 1600 CHICAGO, IL 60603-3406 UNITED STATES						
<b>TITLE</b> Contact Lens, Container And Insert For Avoiding Infection Of The Eye						
<b>FILING FEE RECEIVED</b> 780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			